



DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING, PLANNING & ON-SITE SANITATION SECTIONS

1510-B Third Street
 Tillamook Oregon 97141

Land of Cheese, Trees and Ocean Breeze

Building (503) 842-3407
 Planning (503) 842-3408
 On-Site Sanitation (503) 842-3409
 FAX (503) 842-1819
 Toll Free 1 (800) 488-8280

CONSTRUCTION / PLACEMENT PERMIT APPLICATION

Permit # _____

LEGALLY RECORDED PROPERTY OWNER(S) _____

Mailing Address _____ Phone _____

City _____ State _____ Zip Code _____ E-Mail _____

CONTRACTOR / INSTALLER E-Mail _____

Building Contractor _____ CCB No. _____ Phone _____

Sanitation Installer _____ Reg. No. _____ Phone _____

Mobile Home Installer _____ MDI. No. _____ Phone _____

JOB SITE INFORMATION AND LOCATION

Situs Address _____

Township _____ Range _____ Section _____ Tax Lot _____ Lot _____ Block _____

Zone _____ Lot Size _____X_____X_____X_____ or _____ Acres Subdivision _____

Mail permit to (if applicable): _____

(Please supply all the information requested – missing information will delay review/approval process)

CATEGORY OF CONSTRUCTION

- ☐ Single Family Dwelling ☐ Multi-Family
☐ Accessory Structure ☐ Manufactured
☐ Commercial / Industrial ☐ Public

TYPE OF WORK (each type requires a separate permit)

- ☐ New / Replacement ☐ Addition (adding sq. ft.)
☐ Accessory Structure (garage, carport, shed, etc.)
☐ Alteration (no change to sq. ft.)
☐ Demolition
☐ Other (deck, pool, retaining wall, solar, driveway, etc.)

PROJECT DESCRIPTION:

ROAD ACCESS

- ☐ State Highway ☐ City Street
☐ County Road/Public Way
☐ Private Road

MOBILE HOME/RECREATION VEHICLE

 _____ License No. or ID No.
 _____ Make/Model
 _____ Year

**Conditional Use, Variance, Admin. Review,
 Geologic Hazard Rpt. or Exception**

File No. _____
 Flood Zone: _____

DESCRIPTION OF THE STRUCTURE

 _____ Dimensions
 _____ Height
 _____ Stories
 _____ # of Dwelling Units
 _____ BdRms _____ Bathrooms
 _____ Living Area (sq. ft.)
 _____ Deck (sq. ft.)
 _____ Covered Patio (sq. ft.)
 _____ Garage / Utility / Storage

SETBACKS

 _____ Front Yard
 _____ Rear Yard
 _____ Right Side
 _____ Left Side
 _____ River / Estuary / Creek
 _____ Adjacent Resource Zone

WATER SUPPLY

- ☐ Public District _____
☐ Private {Creek / Spring / Well} (circle one)

WASTE DISPOSAL

- ☐ Sewer District _____
☐ Septic Tank / Drain Field

WIND EXPOSURE: B C D (circle one)

VALUATION \$ _____

Separate State of Oregon permits are required for electrical, plumbing, and mechanical work. **The Property Owner is responsible** for seeing that these additional permits are obtained prior to work being done.

This application, if approved, includes only the work described above and/or plans and specifications bearing the same permit number. The applicant agrees to comply with all applicable codes and ordinances governing planning, sanitation and construction and agrees to meet any, and, all of the conditions listed below.

The granting of this permit does not presume to give authority to violate or cancel the provisions of any Federal, State or Local law regulating construction or the performance of construction.

THIS PERMIT APPLICATION DOES NOT ASSURE PERMIT APPROVAL. Such approval can be given only after staff review determines compliance with all applicable legal requirements.

This application, if approved, becomes null and void if placement of mobile home or recreation vehicle is not completed within six (6) months from the date of approval.

I further understand that it is my responsibility as permit applicant to request and receive all required inspections pertaining to this permit, if approved, as outlined in Oregon Administrative Rule (OAR) chapter 918. I further understand that permits issued by an inspection jurisdiction under provisions of these rules shall expire and become null & void if the work authorized by the permit is: (A) not started within 180 days from the date of the issuance; or (B) suspended for a period of 180 days after the work is started.

In order to avoid a permit expiration, or additional fees, one of following is required: **(A)** Request an inspection showing construction progress at intervals of not to exceed 180 days, or **(B)** Request in writing, an extension within 180 days of issuance of previous inspection. The written request must show justifiable cause and will be granted depending on circumstances. If the permit expires prior to completion and requires further inspections, I understand I will be required to purchase a new permit and begin process again.

Prior to construction or placement, it is advisable that you check your deed for other restrictions that may apply.

I, the applicant, verify that I have read and understand the above information. I further certify that the information that I have provided is complete and accurate and may be relied upon by the Department of Community Development in the processing of my application. I understand that fees are not refundable. I accept responsibility for any inaccuracies in the information that I have provided and for the consequences thereof.

LEGALLY AUTHORIZED

REPRESENTATIVE'S SIGNATURE _____ DATE _____

******All or a portion of this property may be located within an identified wetland. If the site is a jurisdictional wetland you must obtain any necessary State or Federal permits before beginning your project.**

***** **FOR OFFICE USE ONLY** *****

SANITATION _____	Building Fee _____
PUBLIC WORKS _____	Plan Check Fee _____
HOUSE NO. _____	12% Surcharge _____
ZONING # _____	Planning Review Fee _____
PLANS EXAM _____	A-level Plan Review _____
BUILDING OFFICIAL _____	Fire & Life Safety _____
Received By: _____	House Number (\$33.00) _____
Date: _____	State M.D. Fee (\$30.00) _____
Payment Method: _____	B&D/GHZ/Flood Fee _____
	Water Letter Fee _____
	Special Inspection(s) _____
	Copies _____
	TOTAL DUE: _____

CONDITIONS OF PERMIT APPROVAL:

(Revised 09/14/2020)

AN EQUAL OPPORTUNITY EMPLOYER